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APPLICANTS

Hiroyuki Akatsu, Yorktown Heights, NY;

Kangguo Cheng, Beacon, NY;

Kenneth T. Settlemyer JR., Poughquag, NY;

** CONTINUING DATA *****

none K.N.

** FOREIGN APPLICATIONS *****

none K.N.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 5	TOTAL CLAIMS 2010	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Kenneth T. Settlemyer</i> Examiner's Signature	Initials K.N.			

ADDRESS

32074
 INTERNATIONAL BUSINESS MACHINES CORPORATION
 DEPT. 18G
 BLDG. 300-482
 2070-ROUTE 52
 HOPEWELL JUNCTION, NY
 12533

TITLE

METHOD AND STRUCTURE FOR IMPROVED TRENCH PROCESSING

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)